

ASEX

FAMILY IDENTIFICATION

CASE NUMBER

MO DY YR
02 20 87

☒ NEW CSD CASE

☐ REOPEN

☐ UPDATE

☐ REFERRAL ON OPEN CASE

INFORMATION TAKEN BY

ASSIGNED WORKER

Reggy Buhaert BA

REFERRAL INFORMATION

SEQ. NO.

TYPE

☒ PROTECTIVE SERVICE (P)

MO DY YR

TIME

REFERRAL SOURCE

02 20 87

9 15

AM

MEDIUM

CODE NA

AD

MPD

☐ PHONE ☐ OFFICE VISIT ☐ FIELD ☐ MAIL

HOME ADDRESS

BLD/APT:

BLD/APT:

STREET:

STREET:

CITY:

Laurel OSA

STATE:

ZIP:

CITY:

STATE:

ZIP:

PHONE:

COUNTY:

DIRECTIONS TO HOME:

CASE/FAMILY MEMBERS

P/L	LAST	FIRST	MI	DOB	SEX	MO	DY	YR	TRIBE
	Culver	Tania		02/20/87	F				
AKA									
AKA									
AKA									
AKA									
AKA									
AKA									

OTHER SIGNIFICANT PERSONS

1.	NAME	ADDRESS	PHONE NUMBER	RELATIONSHIP
2.				

SPECIAL PROJECTS

☐ INDO-CHINESE

REFERRAL SOURCE CODE	PERSON TYPE (P/T)	RELATION TO CASE NAME (C-REL)	WHEREABOUTS (WHR)
AFS - AFS	AD - Adult	ANT - Aunt	I - In Home (Incl. Adoptive Home)
ANO - Anonymous	AP - Absent Parent	SEL - Case Name (Self)	A - Adopted
CSD - CSD	CH - Child	CHI - Child	D - Deceased
CLE - Clergy	CT - Caretaker	COU - Cousin	H - Mental Hospital
DAY - Day Care	GN - Guardian	XSP - Ex-Spouse	M - Military
XSP - Ex-spouse	ETHNIC (ETH)	GPA - Grandparent	P - Penal Institution
FOS - Foster Parent	A - Asian	GCH - Grandchild	S - Substitute Care
FRI - Friend	B - Black	INL - In-law	T - Juvenile Training School
JUV - Juvenile Court	H - Hispanic	LIV - Live-In Companion	Z - Out of State
MED - Medical	W - White	NEP - Nephew	C - Out of Country
NBR - Neighbor	U - Unknown		O - Out of Home - Other
	I - Indian-Lst Tribe		U - Unknown
			X - Other Hospital

NOTE: Shaded Area = IIS Input Information
FILE: Narrative Section

NATURE OF REFERRAL/REQUEST (Summary Only):

For Sexually abused Tania
at age 10 - unknown whether
still occurring. Tania reported abuse
at St Vincent's in eating disorder
program - not reported. Reporting
began at Portland Adolescent in
eating disorder program. Dad transports
her to outpatient treatment.

ASSESSMENT (Attach Narration) MO 3 DY 02 YR 87 ADMIN. EXTENSION MO DY YR INITIAL CHECK IF ASSESSMENT ONLY ☐ BRIEF SERVICE MO 03 DY 09 YR 87 CASE CLOSE

DISPOSITION (Summary Only):

Tania has seen by individual + family counselor.
Ment issue also being discussed - Haven't happened
for six years.

REFERRED TO:

On going therapy in eating disorder clinic

DATE CLIENT RECEIVED GRIEVANCE PROCEDURE NOTICE:

PROTECTIVE SERVICES ONLY

- ☐ CHILD IN DANGER
☐ PREVIOUS REPORT EXISTS

REPORT DISPOSITION

- ☒ **REPORT VALID**
Investigation has shown abuse/neglect occurred.
- ☐ **REPORT UNSUBSTANTIATED**
Investigation has shown abuse/neglect occurred; cause or circumstance remain unknown or unclear.
- ☐ **REPORT INVALID**
Investigation has shown abuse/neglect did not occur.

LEA NOTIFIED (Name)

LO Pol MO 02 DY 20 YR 87

FIRST CHILD CONTACT

REMOVAL INITIATED:

FIRST PARENT CONTACT:

INVESTIGATION: ☐ LEA ☐ CSD ☐ TRIBAL COURT

REPORTED BACK TO REFERRAL:

FAMILY STRESS INDICATORS (Maximum 5)

- 01 ☐ Single parent 04 ☐ Heavy child care responsibility 07 ☐ Physical abuse of spouse/fighting 11 ☐ Social isolation 15 ☐ Suspected Developmental Disability
- 02 ☐ Head of family unemployed 05 ☐ Suspected drug/alcohol abuse 08 ☐ Parental history of abuse as child 12 ☐ Other
- 03 ☐ New baby/pregnancy 06 ☐ Parental involvement with LEA 09 ☐ Recent relocation 13 ☐ None
- 10 ☐ Inadequate housing 14 ☐ Suspected Mental Illness

ABUSE DESCRIPTION (record P/L's for each injury)

PHYSICAL ABUSE

- 20 ☐ Head Injuries
21 ☐ Injuries to bone, muscle, cartilage, ligaments
23 ☐ Bruises/Cuts/Lacerations
24 ☐ Internal Injuries
25 ☐ Burns/Scalds
26 ☐ Shock
33 ☐ Poisoning (including addicted infant)
27 ☐ Other Physical Abuse

NEGLECT

- 30 ☐ Lack of Supervision and Protection
31 ☐ Medical Neglect
32 ☐ Failure to provide food, clothing
71 ☐ Inadequate Shelter
80 ☐ Desertion
72 ☐ Other Neglect

MENTAL INJURY

- 60 ☐ Scapegoating, Humiliation, Public Ridicule, Threats
64 ☐ Exposure to violence
65 ☐ Failure to foster parent/child attachment or bonding
66 ☐ Sensory Deprivation, Binding, Restraints, etc.
67 ☐ Deprivation of food/water and/or toilet facilities
68 ☐ Pressure to perform beyond developmental capability
69 ☐ Confusing Child's Sexual Identity
73 ☐ Restriction of child's autonomy/learning
63 ☐ Other Emotional Abuse

FATALITY

- 50 ☐ Deceased

ABANDONMENT

- 90 ☐ Abandonment

SEXUAL ABUSE AND SEXUAL EXPLOITATION

- 40 ☐ Sexual Contact (rape, sodomy, incest, sexual penetration, etc.)
42 ☒ Fondling (touching breasts, buttocks, genitals, etc.)
43 ☐ Sexual harassment/minimization pressuring children for future sexual purpose
46 ☐ Exposure and Voyeurism
46 ☐ Uses of children to produce pornography
47 ☐ Allowing/Permitting Prostitution
45 ☐ Other Sexual Abuse and Exploitation

THREAT OF HARM

- 54 ☐ Physical Abuse
55 ☐ Sexual Abuse/Exploitation
56 ☐ Neglect
57 ☐ Mental Injury

ALLEGED PERPETRATOR DESCRIPTION

CHILD (Victim)	Relation To Victim	ALLEGED PERPETRATOR	Age	Sex	Ethnic
P/L C	FAT		37	M	W

ALLEGED PERPETRATOR

NAME _____
ADDRESS _____
NAME _____
ADDRESS _____

Worker Signature

Date

ALLEGED PERPETRATOR'S RELATIONSHIP TO VICTIM

MOT - Mother SFA - Stepmother
FAT - Father SMO - Stepmother
BRO - Brother STS - Step-sibling
SIS - Sister GRA - Grandfather

GRM - Grandmother

UNC - Uncle
ANT - Aunt
REL - Other Relative
EXL - Ex-Live-In Companion

LIV - Live-In Companion

FPA - Foster Parent or Other
Adult in Foster Home
OCS - Other Child in Sub-care

BAB - Baby Sitter

NFR - Neighbor/Friend
UNK - Unknown Perpetrator
OTH - Other

DCE - Day Care Center Employee

IEM - Institution Employee
RCE - Residential Care Employee
TEA - Teacher
VOL - Volunteer

* Attach a separate sheet listing additional perpetrators if necessary.

Culver

2-20-87

prev hosp St Vincent's
this year eating disorder
Age 10 sexually abused
by father

Disclosed to counseling
staff in eating disorder
told her to bring it up in
family therapy

Father transports her to
therapy sessions

When did it stop -

"I don't know"

Counselor didn't ask

Brenda out until Tues

laid on top of her
Rissed

also has reported a
date rape at a prom -
couldn't stop it from
happening

no treatment² for anyone

FAMILY IDENTIFICATION

CASE NUMBER

BB 98164

Mo Date Yr

☐ NEW CSD CASE ☐ REOPEN ☐ UPDATE ☐ REFERRAL ON OPEN CASE

INFORMATION TAKEN BY

Sharon Miller

ASSIGNED WORKER

WKID (ICMB)

REFERRAL INFORMATION (ICMB)

SEQ. NO. 002	TYPE: <input type="radio"/> PREVENTIVE/RESTORATIVE (R) <input type="radio"/> SUBSTITUTE CARE (S) <input type="radio"/> OTHER (O)	<input checked="" type="radio"/> PROTECTIVE SERVICE (P): <input type="radio"/> 01 Physical Abuse <input type="radio"/> 02 Neglect <input type="radio"/> 05 Mental Injury <input type="radio"/> 08 Abandonment <input type="radio"/> 10 Threat of Harm <input type="radio"/> 06 Fatality <input checked="" type="radio"/> 09 Sexual Abuse/Exploitation
Date MO DY YR 4 13 88	TIME AM PM 2:00 PM	REFERRAL SOURCE-For Protective Service Referrals, write name, address and phone on back of form
MEDIUM <input checked="" type="radio"/> PHONE <input type="radio"/> OFFICE VISIT <input type="radio"/> FIELD <input type="radio"/> MAIL	ADDRESS	PHONE NUMBER

FAMILY ADDRESSES (ICMB)

HOME ADDRESS	MAILING ADDRESS (IF DIFFERENT FROM HOME ADDRESS)
BLD/APT: STREET: CITY: Lake Oswego STATE: OR ZIP: PHONE: COUNTY:	BLD/APT: STREET: AAA CITY: STATE: ZIP:

DIRECTIONS TO HOME:

CASE/FAMILY MEMBERS (ICMA/ICMC)

P/L	NAME	LAST	FIRST	MI	P/T	C-REL	SEX	ETH	DOB	SSN	WHR
A											I
S											I
AKA											
AKA											I
AKA											
AKA											
AKA											
AKA											
AKA											

OTHER SIGNIFICANT PERSONS

	NAME	ADDRESS	PHONE NUMBER	RELATIONSHIP
1.				
2.				

SPECIAL PROJECTS (ICMB)

REFERRAL SOURCE CODE	PERSON TYPE (P/T)	RELATION TO CASE NAME (C-REL)	WHEREABOUTS (WHR)	SEX
AFS - AFS ANO - Anonymous CSD - CSD CLE - Clergy DAY - Day Care XSP - Ex-spouse FOS - Foster Parent FRI - Friend JUV - Juvenile Court MED - Medical NBR - Neighbor	OTH - Other PRO - Other Professional PAR - Parent POL - Police PSY - Psychologist/Psychiatrist REL - Relative SEL - Self SCH - School SOC - Soc. Serv. Agency VIC - Victim	AD - Adult AP - Absent Parent CH - Child CT - Caretaker GN - Guardian ETHNIC (ETH) A - Asian B - Black H - Hispanic W - White U - Unknown I - Indian-List Tribe	ANT - Aunt SEL - Case Name (Self) CHI - Child COU - Cousin XSP - Ex-Spouse GPA - Grandparent GCH - Grandchild INL - In-law LIV - Live-In Companion NEP - Nephew NIE - Niece NOR - No Relation PAR - Parent SIB - Sibling STC - Step Child STP - Step Parent SPO - Spouse UNC - Uncle UNK - Unknown	I - In Home (incl. Adoptive Home) A - Adopted D - Deceased H - Mental Hospital M - Military P - Penal Institution S - Substitute Care T - Juvenile Training School Z - Out of State C - Out of Country O - Out of Home - Other U - Unknown X - Other Hospital

Note: Shaded areas indicate IIS input.

concerned bc Janina reporting molestation by father. During Junior high father would whisper, lie on top of her and fondle her through & over her clothes. He would breathe heavily and obviously be aroused. This stopped when she was in the eighth grade. Since then he has attempted to kiss her - girl has

ASSESSMENT DATE MO DY YR ADMIN. EXTENSION DATE MO DY YR INITIAL (ICMB) CHECK IF ASSESSMENT ONLY DATE CLIENT RECEIVED GRIEVANCE PROCEDURE NOTICE: MO DY YR

DISPOSITION (Summary Only):

Last incident occurred 3 1/2 years ago - beyond statute of limitations. Janina did not want CPS involvement - had confronted mother & is working on her disturbance w/ this w/ therapist - Linda Sherman.

PROTECTIVE SERVICES ONLY

CHILD IN DANGER

<input type="radio"/> A. Medical services <input type="radio"/> B. Perpetrator admission <input type="radio"/> C. Psychological evaluation <input type="radio"/> D. LEA investigation <input type="radio"/> E. CPS assessment	<input type="radio"/> G. Child unable/unwilling to provide consistent information <input type="radio"/> H. Conflicting/inconsistent information from witness, family, professional <input checked="" type="radio"/> I. Other <input type="radio"/> (N) Unfounded - Abuse/neglect did not occur.	FIRST CHILD CONTACT: MO DY YR AM PM FIRST PARENT CONTACT: MO DY YR AM PM (ICMB) Indicate the number of children placed in the following because of a CPS removal or hold. If no children were removed/hold, place an "X" by that selection. No removal/hold (NO) Hospital (HO) Relatives (RE) CSD shelter/foster (SF) Friends (FR) Other (OT)	Date Completed: MO DY YR REPORTED BACK TO REFERRAL: MO DY YR
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FAMILY STRESS INDICATORS (Maximum 5) (ICMB)			
<input type="radio"/> 01 Single parent <input type="radio"/> 02 Head of family unemployed <input type="radio"/> 03 New baby/pregnancy	<input type="radio"/> 04 Heavy child care responsibility <input type="radio"/> 05 Suspected drug/alcohol abuse <input type="radio"/> 06 Parental involvement with LEA	<input type="radio"/> 07 Physical abuse of spouse/fighting <input type="radio"/> 08 Parental history of abuse as child <input type="radio"/> 09 Recent relocation <input type="radio"/> 10 Inadequate housing	<input type="radio"/> 11 Social isolation <input type="radio"/> 14 Suspected Mental Illness <input type="radio"/> 15 Suspected Developmental Disability <input type="radio"/> 12 Other <input type="radio"/> 13 None

ABUSE DESCRIPTION (record P/L's for each injury) (ICMB)		SEXUAL ABUSE AND SEXUAL EXPLOITATION	
PHYSICAL ABUSE 20 Head injuries 21 Injuries to bone, muscle, cartilage, ligaments 23 Bruises/cuts/lacerations 24 Internal injuries 25 Burns/scalds 28 Shock 29 Drug affected infant 33 Poisoning 27 Other physical abuse	MENTAL INJURY 60 Scapegoating, humiliation, public ridicule, threats 64 Exposure to violence 65 Failure to promote parent/child attachment or bonding 66 Sensory deprivation, binding, restraints, etc. 67 Deprivation of food/water and/or toilet facilities 68 Expectation beyond developmental capability/exploitation 69 Confusing child's sexual identity 73 Restriction of child's autonomy/learning 63 Other emotional abuse	40 Sexual contact (rape, sodomy, incest, sexual penetration, etc.) 42 Fondling (touching breasts, buttocks, genitals, etc.) 43 Sexual harassment/intimidation pressuring children for future sexual purpose 46 Uses of children to produce pornography 47 Allowing/permitting prostitution 48 Exposure and voyeurism 45 Other sexual abuse and exploitation	THREAT OF HARM 54 Physical abuse 55 Sexual abuse/exploitation 56 Neglect 57 Mental injury
NEGLECT 30 Lack of supervision and protection 31 Medical neglect 32 Failure to provide food, clothing 71 Inadequate shelter 80 Desertion 72 Other neglect	FATALITY 50 Deceased ABANDONMENT 90 Abandonment		

ALLEGED PERPETRATOR DESCRIPTION (ICMB)					* ALLEGED PERPETRATOR	
CHILD (Victim)	Relation To Victim	Age	Sex	Ethnic	NAME	ADDRESS
					NAME	ADDRESS
					Worker Signature	Date
ALLEGED PERPETRATOR'S RELATIONSHIP TO VICTIM		GRM - Grandmother		DCE - Day Care Center Employee		BAB - Baby Sitter
MOT - Mother		UNC - Uncle		IEM - Institution Employee		NFR - Neighbor/Friend
FAT - Father		ANT - Aunt		RCE - Residential Care Employee		UNK - Unknown Perpetrator
BRO - Brother		REL - Other Relative		TEA - Teacher		OTH - Other
SIS - Sister		EXL - Ex-Live-In Companion		VOL - Volunteer		

been able to stop him, and she has not harassed her for a long while. The cause to will try to help Tania clarify the dates.

Tania is quite clear the last attempt occurred the beginning of her freshman year, 3 1/2 yrs ago.

Case name: Alver
Case #: _____

Assessment & Disposition (continued)

Note to closed file:

2-28-90 Call from Janice Alver p.s. [REDACTED]

@ [REDACTED] (or [REDACTED]) inquiring about
ASEX reports 1987/1988. Wanted to know why
not prosecuted.

Advised Janice that at time of reports
last incident was beyond 3 year statute. Told
her laws have changed. Suggested she contact
FOPD - Don Forman to reopen investigation.
Did not tell her who reported.

Written by: [Signature] Date: 2-28-90

Approved: _____

DAVIS WRIGHT TREMAINE

LAW OFFICES

2300 FIRST INTERSTATE TOWER • 1300 SW FIFTH AVENUE • PORTLAND, OR 97201-5682

(503) 241-2300

FAX: (503) 778-5299 • TELEX 185224

ROBERT D. NEWELL
MEMBER OREGON AND CALIFORNIA BARS

October 8, 1992

Children's Services Division
Clackamas Branch
Davignon Hall
P.O. Box 133
Marylhurst, Oregon 97036

Enclosed is a release signed by Tania Culver authorizing and directing you to release any and all records concerning her to the undersigned. The release incorrectly spells her name "Tanya," but you will note that she has signed it with the correct spelling.

Please forward those records at your earliest convenience. Thank you for your cooperation in this matter.

Very truly yours,

DAVIS WRIGHT TREMAINE



Robert D. Newell

RDN:lmc
Enclosure
A:\CSD01.LTR

RELEASE

TO : CHILDREN'S SERVICES DIVISION
RE : TANYA CULVER

TO WHOM IT MAY CONCERN:

This will serve to authorize and direct you to release to Robert D. Newell, Esq., Davis Wright Tremaine, 2300 First Interstate Tower, 1300 S.W. Fifth Avenue, Portland, Oregon 97201, any and all CSD records pertaining to reports of abuse of any kind which you have on file regarding me as the alleged victim.

DATED this 28 day of September, 1992.

Tanya Culver
TANYA CULVER

Date of Birth: [REDACTED]

Social Security No.: [REDACTED]

DAVIS WRIGHT TREMAINE

LAW OFFICES

2300 FIRST INTERSTATE TOWER • 1300 SW FIFTH AVENUE • PORTLAND, OR 97201-5682

(503) 241-2300

FAX: (503) 778-5299 • TELEX 185224

ROBERT D. NEWELL
MEMBER OREGON AND CALIFORNIA BARS

*Josephine
Culver
BB 98164*

November 6, 1992

Children's Services Division
Clackamas Branch
Davignon Hall
P.O. Box 133
Marylhurst, Oregon 97036

I wrote to you on October 8 enclosing a release of all records concerning Tania Culver. I have not heard from you since then and would like to know the status of my request.

If you will be responding to the request with records, I look forward to receiving those soon. If, for some reason, you are unable to provide the records, please notify me of your position on our request so that we may determine what alternatives may be available to us.

I look forward to hearing from you soon.

Very truly yours,

DAVIS WRIGHT TREMAINE

[Signature]
Robert D. Newell

RDN:lmc
A:\CSD02.LTR